



## INSPECTIONAL SERVICES DEPT.

832 Massachusetts Avenue  
Cambridge, Massachusetts  
617-349-6100  
FAX: 617-349-6132  
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Amount Rec'd \_\_\_\_\_  
date Paid \_\_\_\_\_  
Insp. Approval \_\_\_\_\_  
Chief San. \_\_\_\_\_

ROBERT R. BERSANI  
Managing Director / Acting Commissioner

JOSEPH M. NICOLORO R.S.,  
Senior Sanitary Inspector  
Environmental Health Division

### Supplemental Information for Temporary Food Service Application

Name of occasion Cambridge River Festival Date of Event June 14, 2003

Location or site various locations on Flagg Street or DeWolfe Street and on Memorial Drive

Specify exact location of stand as specified above: exact location assigned by coordinator on morning  
of festival

\* FOODS TO BE SERVED: List all foodstuffs

_____	_____
_____	_____
_____	_____

PREPARATION/COOKING FACILITIES:

On Site: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe Facilities and Equipment \_\_\_\_\_  
\_\_\_\_\_

Off Site: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_  
\_\_\_\_\_

describe means of transport \_\_\_\_\_

TYPE SERVICE: Single service \_\_\_\_\_

Describe washing facilities for service and utensils \_\_\_\_\_  
\_\_\_\_\_

\* FOOD PROTECTION:

Describe measures to protect food and maintain temperatures during storage and display.

\_\_\_\_\_  
\_\_\_\_\_

\* Vendors: Be sure to fill in **BOTH** sides of this form. All spaces marked with \* require information.

**OVER**

\* REFRIGERATION: Not required \_\_\_\_\_ Required \_\_\_\_\_

Method of refrigeration: \_\_\_\_\_  
\_\_\_\_\_

**GARBAGE AND RUBBISH:**

Describe means for storage and disposal

**Vendor supplies own trash bags for use during the day; curbside pickup at end of day arranged by  
festival staff**

\* PERSONNEL AND FOOD HANDLING PRACTICE:

Number of food handlers \_\_\_\_\_

Location of handwash facilities **provided by festival staff**

Location of toilet facilities **provided by festival staff**

Uniforms provided: Yes \_\_\_\_\_ No **X** Hair restrains: Yes \_\_\_\_\_ No **X**

Disposal gloves provided: Yes \_\_\_\_\_ No **X**

\* Applicant's name \_\_\_\_\_ Date: \_\_\_\_\_

\* Address \_\_\_\_\_ Phone # \_\_\_\_\_

INSPECTOR'S RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN**

Permit denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Permit granted \_\_\_\_\_ Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_